

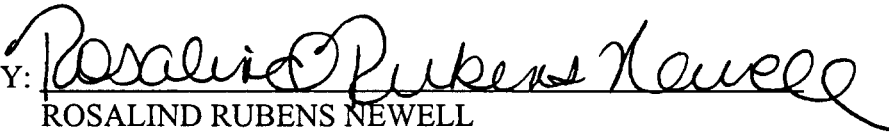
Entered -11-2-00 - sb
CL 00L0664 - GWENDOLYN BURNS

00- R-1930

CLAIM OF: **ACCEPTANCE INSURANCE**
as subrogee of
EARL TUCKER
P.O. Box 23410
Nashville, Tennessee 33462

For vehicular damages alleged to have been sustained from an
automobile accident on June 3, 2000 at 55 Peachtree Street, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0664

Date: November 16, 2000

Claimant /Victim EARL W. TUCKER
 BY: (Atty) (Ins. Co.) ACCEPTANCE INSURANCE COMPANY
 Address: P.O. Box 23410, Nashville, TN 37202
 Subrogation: Claim for Property damage \$ 5,282.71 Bodily Injury \$
 Date of Notice: 6/13/00 Method: Written, Proper X Improper
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 6/3/00 Place: 55 Peachtree Street, NE
 Department PUBLIC WORKS Division Solid Waste Services
 Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant's vehicle sustained damage when a city vehicle, while in the process of being towed, rolled into it. However, this claim is being settled through a previously filed claim. (Duplicate - See claim #00L0391 for settlement)

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
 Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse ☒ Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager *[Signature]* Concur/date 11-17-02
Committee Action _____ Council Action _____



P.O. Box 23410
Nashville, TN 37202

Burns
10/27/00
[Signature]

October 25, 2000

City of Atlanta-Dept. of Law
Suite 4100-City Hall Tower
68 Mitchell Street SW
Atlanta, GA 30335-0332

ENTERED - 11-2-00 - SB
00L0664 - GWEN BURNS

RE: Policy No: UPCF 66637
Our Insured: Earl Tucker
Date of Loss: 06/03/00
Claim No: 33462

Dear Sirs:

We are the automobile insurance carrier who provided coverage for Earl W. Tucker at the time of the captioned accident. A thorough review of our file material indicates that you are responsible for any damages or loss that resulted from this accident.

We have paid benefits to or on behalf of the insured for damages sustained in this accident under his/her policy. We are entitled to recover any amount of money paid to or on behalf of the insured from you, the responsible party.

You are advised that the insured has no authority to give you a release for any amount of benefits USAuto Insurance Co., Inc. pays under this insurance policy.

Enclose are our supports. Please forward your check for \$1000 per the enclosed letter, to our address listed above. **Please reference our claim number.**

Sincerely,

A handwritten signature in cursive script, appearing to read "Terry Floyd".

Terry Floyd
Claim Representative
Ext. 3424

00- R-1930